



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/02/2015

Business ID: 568705

William M. Gardner

Secretary of State

AIKEN MOVING, LLC

41 INTERCHANGE DRIVE  
WEST LEBANON, NH 03784

## ADDRESS OF PRINCIPAL OFFICE:

41 INTERCHANGE DRIVE  
WEST LEBANON, NH 03784

## REGISTERED AGENT AND OFFICE:

AIKEN, DEBORAH  
41 INTERCHANGE DRIVE  
WEST LEBANON, NH 03784

ENTITY TYPE: LLC

BUSINESS ID: 568705

STATE OF DOMICILE: NEW HAMPSHIRE

MOVING BUSINESS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address \_\_\_\_\_

☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Scott Aiken**  
STREET **41 Interchange Dr**  
CITY/STATE/ZIP **West Lebanon Nh 03784**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Deborah G Aiken**

Please print name and title of signer: **Deborah G Aiken** / **AUTHORIZED PARTY**

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301